

REPORT ON: DISCUSSIONS WITH RESEARCHERS AT UNIVERSITI SAINS
MALAYSIA RE "STUDY OF HEALTH ATTITUDES AND PRACTICES IN
MACHANG DISTRICT OF KELANTAN STATE"

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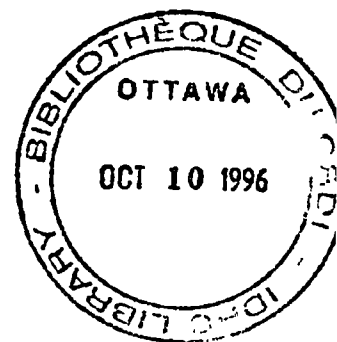
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Meetings with the researchers (Dr. Upadhaya, Dr. Wan Su, Dr. Khare, Mr. Sani, Miss Sushama) were held on February 28th and 29th at Sains Malaysia University.

The original proposal laid out a plan to administer questionnaires to five samples in Machang District — households, patients of modern health facilities, adolescents, traditional healers and key community persons. The objectives of the research covered three pages with 8 objectives broken down into 27 "sub-objectives" in two categories — general health system and traditional healers.

Therefore the purpose of the initial discussion was to clarify their primary research objective and isolate which of the five proposed samples would be required to meet the objective. During these discussions the following points were stressed in order to help the investigators to focus the research on a more limited objective.

- If they were interested in the behaviour of the population their distinction between the modern health system and traditional healers was artificial; presumably the population views health services as a unitary dimension involving anything from traditional healers to the district hospital.



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- While the emphasis of the investigators was on attitudes of the population a more appropriate focus would be on the actual behaviour of the population.
- The investigators should be concerned with the most prevalent health problems of the area, and not try to be all-encompassing.
- The type of questions asked should provide answers that would have implications for changes in health services delivery in the area.
- The methods used to study "suppliers of health services" (modern institutions and personnel as well as traditional healers) and "consumers of health services" (the general population) would be very different.

The Research Objectives

As a consequence of these discussions the investigators arrived at the following objectives:

- a) To understand the determinants of the health seeking behaviour of households in Machang District.
- b) To assess the prevalence of major illnesses in the district.

It was also clear that two further objectives were present in this study that would be met merely by performing the research; these were:

- a) To expose medical students of the university to the population of Kelantan State where the medical school will be re-locating in the near future.
- b) To increase the population's awareness of the future presence of the medical school and the interest of the medical school in their health problems.

The Sample

Machang District is one of eight districts in Kelantan State. As it has the lowest infant mortality and death rate of all the districts it was stressed that they had to justify their choice of this district for study. (There were, in fact, a number of practical reasons in support of the selection of Machang).

Although there was some discussion of the need for both a household and patient sample of Machang to address the research objective, the final decision was to use only a sample of households, (with the assumption that some "patients" would be contained within this sample). Some clarification was required as to whether they wished to study individuals or households. This was resolved after discussion revealed that health-seeking behaviour would be relatively uniform within a household, and there would be practical difficulties in using the responses of only a single individual from a household.

The investigators themselves raised the point that they may be able to study the health-seeking behaviour of households with a sample of only 5% or fewer households of the district (total households = approximately 12,000). However, the illness prevalence objective will require at least 10% of households to be sampled. This insight should enable them to administer a much shorter survey instrument to the larger sample.

The Instrument

General concern was expressed at the preponderance of open-ended "attitude-oriented" questions in the investigators' original

instrument. The following general comments on questionnaire item construction were made. (A booklet on question-writing and questionnaire construction was also left with the investigators):

- Concentrate most on questions regarding actual behaviour.
- Wherever possible provide option boxes for the interviewer to check off responses; keep open-ended questions to a minimum.
- If there is some doubt as to the compliance of the interviewers to procedures taught during training, then avoid including probes and limit open-ended questions that require response interpretation before being recorded on the questionnaire.
- Structure the questionnaire so that questions flow from one area to the next logical area, i.e. categorize questions into sections.
- Ask what the practical use of a response to a particular question will be; if the conclusion is unsatisfactory then exclude that question.

With the help of the investigators the sections for the questionnaire were roughly mapped out as:

- 1) Prevalence of illness
- 2) Decision-making for illness
- 3) Awareness of health services
- 4) Acceptability of health services
- 5) Accessibility of health services

The importance of doing a pilot study with the questionnaire was stressed, especially to look at:

- Problems in translation from English to the local dialect.

- Questions that could be omitted.
- Administration time and practical problems in locating households.
- The array of potential responses to questions; this will allow for more specified response options that interviewers can check off (rather than open-ended responses).

The investigators were also advised to do some simple analyses of local health records and to talk to local key community individuals to help in a) specifying the commonest health problems and b) advising on general questionnaire acceptability.

Data Analysis

Unfortunately time constraints meant that this aspect of the study was inadequately discussed. Computer facilities and the SPSS package are available at the university. However, there are no biostatisticians which means all data analysis will have to be performed by the investigators, who are not well-versed in statistical techniques. Advice was therefore given to restrict analyses to cross-tabulations and t-test comparisons of groups that could be defined and constructed on the basis of responses to one or two of the questions. If the IDRC has any means of improving the data analysis skills of either these investigators or of the investigator team, it would be advisable to implement them.

Conclusions

These investigators are well-motivated and appear quite competent (although clearly having difficulty focussing the research). Dr. Khare appears to be the "quickest" of the bunch, followed by Dr. Upadhaya.

They are currently gaining field research experience in Machang District with a study of psychiatric morbidity, which should prepare them well for the above study. A short time was spent at the end of the consultation exploring the possibilities for future studies. Two main areas were outlined:

- 1) Further descriptive work focussing on the suppliers of health care (traditional healers and modern care).
- 2) An evaluative project on health education based on the data from the currently proposed study and testing out two or more methods of health education.

The particular conditions for any field studies in Kelantan State are:

- 1) The area was neglected until three years ago because it elected opposition politicians.
- 2) The areas population is fairly homogeneous but probably not generalizable to other parts of Malaysia because of a unique population.
- 3) There is only minimal co-operation from the current health officials of the district.
- 4) There is much apprehension from both the population and current health officials about the future relocation of the medical school to Kelantan.
- 5) A large portion of Machang is under flood-water for three months of the year (December - February).

A final note relates to the comment of the investigators that they had been poorly informed of the research priorities of the IDRC. Once these priorities were made clear to them they were not only willing to

embrace them, but they were also better able to focus the research. If health services research is to become more and more a priority (as it appears it will) then the IDRC might usefully put together a short document that outlines what constitutes health services research and lists the explicit priorities for research in this area i.e. common health problems, implementable findings, cost-efficient programs and so on. This document would then be circulated and made available as appropriate.